

VA/DoD Clinical Practice Guideline for Ischemic Heart Disease (IHD)

MEDICAL FOLLOW-UP FOR PATIENTS WITH KNOWN IHD (MODULE G)

- Identify and triage IHD patients with a possible acute coronary syndrome (i.e., ST-elevation MI (STEMI), non-ST-elevation MI (NSTEMI), or unstable angina)
- Assess if stable symptoms are due to non-cardiac conditions
- Identify and treat other medical conditions that may exacerbate IHD symptoms
- Ensure all patients receive aspirin (or other antiplatelet therapy), as appropriate
- Provide pharmacologic therapy for angina, titrated to symptom relief, physiologic end-points or patient tolerance
- Unless a cardiac cath is completed or planned, perform a cardiac stress test to assess the risk of future cardiac events
- Initiate ACE inhibitor therapy for patients with significant LV dysfunction ($EF < 0.40$)
- Identify and provide therapy for patients with heart failure
- Identify patients at high-risk for sudden cardiac death or complications for whom cardiology referral is appropriate

SECONDARY PREVENTION OF IHD

- Assure appropriate treatment with beta-blockers for patients with prior MI
- Identify and treat patients with high LDL-C (>130mg/dl)
- Assess and treat high blood pressure
- Reduce cardiac risk with smoking cessation
- Promote exercise and cardiac rehabilitation as secondary prevention
- Achieve tight glycemic control in diabetics
- Screen for depression and initiate therapy or refer
- Arrange follow-up

VA access to full guideline: <http://www.oqp.med.va.gov/cpg/cpg.htm>
DoD access to full guideline: <http://www.QMO.amedd.army.mil>

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